



APPLICATION FOR LICENSE TO OPERATE A PERSONAL SERVICES AGENCY

State Form 53391 (8-07)
Approved by State Board of Accounts, 2007
Indiana State Department of Health-Division of Acute Care
(Pursuant to IC 16-27-4)

Division of Acute Care Use Only

Date Received _____
(month, day, year)

Date Approved _____
(month, day, year)

- All questions on this application must be answered completely in printed or typed script. Supporting documentation must be attached. AN INCOMPLETE OR ILLEGIBLE APPLICATION WILL BE RETURNED WITHOUT BEING PROCESSED.
- License and/or approval renewal must be obtained annually.
- This application and the license, and/or approval which may be issued as a result, are neither assignable nor transferable.
- A non-refundable application fee in the amount of \$250.00 must accompany this application. No license and/or approval shall be issued without receipt of this fee.

Please Type or Print Legibly

SECTION I - TYPE OF APPLICATION

Application (type of application is required to be checked)

☐ Change of Ownership (Anticipated date of Sale/Purchase/Lease) _____ ☐ New Agency ☐ License Renewal
Submit a dated and signed copy of the bill of sale, lease or other document of transfer

SECTION II - IDENTIFYING INFORMATION

A. Personal Services Agency Parent Location (name of agency d/b/a of direct owner)

If the d/b/a name is different from the direct owner submit a "Certificate of Assumed Business Name" document from the Indiana Secretary of State (SOS) that list the direct owner and "doing business as" (d/b/a) name.

Name of agency

Street address (number and street)

P.O. Box

City

County

ZIP Code +4

Telephone number

Fax number

Agency's office hours (i.e. 8:00 a.m. – 4:00 p.m.)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

()

()

E-mail address

Web address

B. Mailing Address (if different from practice location)

Street address

P.O. Box

City

State

ZIP Code +4

C. Licensee/Ownership Information (direct owner of the agency d/b/a)

The owner as registered with the Indiana Secretary of State (SOS) and appears on the Articles of Incorporation, Certificate of Incorporation or Certificate of Organization, Certificate of Assumed Business Name, etc. Submit applicable document from the SOS along with a document from the Internal Revenue Services that reflects the corporation name, d/b/a if applicable and EIN Number.

Licensee/Owner of the agency

Street address (number and street)

P.O. Box

City

State

ZIP Code+4

Telephone number

Fax number

()

()

EIN Number (submit documentation to validate)

Fiscal year end date (mm/dd)

D. Branch offices operated under this license <i>(as defined IC 16-27-4-6 (b))</i>		
Name	Address <i>(street address/city/zip)</i>	Telephone Number
SECTION III – STAFFING		
Submit a national criminal history background check from the Indiana Central Repository on the staff below		
A. Manager <i>(as defined in IC 16-27-4-9 and IC 16-27-4-17 (b) (3))</i>		
Last Name	First Name	Initial
Street address <i>(number and street)</i>		City
County	State	ZIP Code +4
B. First Alternate Manager <i>(as defined in IC 16-27-4-9 and IC 16-27-4-17 (b) (3))</i>		
Last Name	First Name	Initial
Street address <i>(number and street)</i>		City
County	State	ZIP Code +4
C. Second Alternate Manager <i>(as defined in IC 16-27-4-9 and IC 16-27-4-17 (b) (3))</i>		
Last Name	First Name	Initial
Street address <i>(number and street)</i>		City
County	State	ZIP Code +4
SECTION IV - OWNERSHIP		
A. Ownership and Controlling Interest <i>(officers/directors/managing agents/managing employees of the personal services agency)</i>		
List names and addresses of individuals or organizations having direct or indirect ownership or controlling interest of five percent (5%) or more in the applicant entity. Indirect ownership interest is an entity that has an ownership interest in the applicant entity. Ownership in any entity higher in a pyramid than the applicant constitutes indirect ownership. <i>(as defined in IC 16-27-4-17 (b))</i>		
Name	Business Address <i>(street address/city/state/zip)</i>	EIN Number or Social Security No.

B. Type of Ownership *(applicable for change of ownership only – do not complete if initial application)*

- ☐ Asset Purchase Agreement
☐ Merger
☐ Termination of Lease

- ☐ Assignment of Interest
☐ New Partnership
☐ Transfer of Asset Agreement

- ☐ Lease
☐ Sale
☐ Other _____

Submit a bill of sale or comparable document, which includes corporation/owner(s) name(s) and buyer/seller signature(s) and effective date of transaction with the application.

C. Type of Entity**For Profit**

- ☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Sole Proprietorship
☐ Other (specify) _____

NonProfit

- ☐ Church Related
☐ Individual
☐ Partnership
☐ Corporation
☐ Limited Liability Company
☐ Other (specify) _____

Government

- ☐ State
☐ County
☐ City
☐ City/County
☐ Federal
☐ Other (specify) _____

D. Directors/Officers/ Partners/Managing Agents/Managing Employees *(Direct owners)*

List all individuals (persons) associated with the applicant entity and indicate the individual's title (i.e. officer, director, member, partner, president, vice president, secretary, treasurer, CEO, CFO, etc). If the applicant is a partnership, list the name and title of each partner or the name and title of all individuals associated with each entity that forms the partnership. If the applicant is a Limited Liability Company, list the name and title for all individuals associated with each member entity that forms the Limited Liability Company. (as defined in IC 16-27-4-17 (b))

Name	Title-Position	Business Address (street address/city/state/zip)

SECTION V - CERTIFICATION OF APPLICATION

The undersigned hereby makes application for a license to operate a Personal Services Agency (agency) in the State of Indiana, and in support of this application, represents and shows that the owners and operators are of reputable and responsible character, are able to comply with the personal services agency laws, IC 16-27-4, and will operate and maintain this agency in accordance with those requirements.

I hereby certify that the operational policies of the agency will not provide for discrimination based upon race, color, creed or national origin.

I swear or affirm under the penalty of perjury that all statements made in this application and any attachments thereto are correct and complete and that I will comply with all regulations, laws and rules governing the licensing of agencies in Indiana.

Signature of manager and the president/chairperson/CEO as indicated in Section III.A. and IV.D. of this application.

President/Chairperson/CEO) (typed)

Signature of President/Chairperson/CEO)

Date (month/day/year)

Personal Services Agency Manager (typed)

Signature of Personal Services Agency Manager

Date (month/day/year)

SECTION VI - REQUIRED POLICIES AND DOCUMENTS TO BE SUBMITTED WITH INITIAL LICENSURE APPLICATION

Submit the policies/procedures items 1 through 5 as defined in Personal Services Agencies IC 16-27-4 and the applicable documentation from the Indiana Secretary of State and Internal Revenue Services, items 6 and 7 for initial application.

1. The following policies;
 - (a) Unstable health conditions (IC 16-27-4-8)
 - (b) Client satisfaction review (IC 16-27-4-11)
 - (c) Complaint investigations (IC 16-27-4-13)
 - (d) Tuberculosis test (control of communicable disease) (IC 16-27-4-15)
 - (e) Compliance documentation (IC 27-4-18)
2. Copy of the Manager's responsibilities for day to day operations (IC 16-27-4-9(a) and IC 16-27-4-11)
3. Content of the Evaluation and Training conducted for competency requirements (IC 16-27-4-16)
4. Copy of the agency's Service Plan (IC 27-4-10)
5. Copy of the agency's Client Rights Statement (IC 27-4-12)
6. Documents from the Indiana Secretary of State (*submit applicable documentation*):
 - (a) If a limited Partnership, submit a copy of the "Application for Registration " and "Certificate of Registration" signed by the Indiana Secretary of State.
 - (b) If a Corporation, submit a copy of the "Articles of Incorporation" and Certificate of Incorporation" signed by the Indiana Secretary of State.
 - (c) If applicant is an out of state corporation (foreign corporation), submit a copy of the "Certificate of Authority" to do business in the State of Indiana" signed by the Indiana Secretary of State.
 - (d) If a Limited Liability Company, submit a copy of the "Articles of Organization" and the "Certificate of Organization" signed by the Indiana Secretary of State.
 - (e) If the "doing business as" (d/b/a) name is different from the corporation's (direct owner) name submit "Certificate of Assumed Business Name" or "Articles of Incorporation" that list the owner and d/b/a name signed by the Indiana Secretary of State.
7. Submit a SS-4 or comparable document from the Internal Revenue Service that reflects direct owner's name, d/b/a if applicable and EIN number.

The above documentation is not required with a renewal application unless a change has occurred. If the facility has changed staffing or agency name, items number 2, 6 and 7 are required to be submitted with the renewal application. If a change of ownership has occurred submit a request in writing for a change of ownership application for a personal services agency.

SECTION VII - LICENSE FEE

Return the application, required documents and a non-refundable license fee of \$250.00 payable to Indiana State Department of Health to:

Indiana State Department of Health
Cashier's Office
P.O. Box 7236
Indianapolis, Indiana 46207-7236

SECTION VIII – RENWAL – Division of Acute Use Only

Affix agency name/address identification label for renewal application only



Return all pages of this application to the Department with all required documentation